

Case Number:	CM14-0021585		
Date Assigned:	05/05/2014	Date of Injury:	07/07/2009
Decision Date:	07/09/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 68 year old male with a date of work injury 7/7/09. There is a 1/17/14 physician office visit that states that His diagnoses include lumbar spinal stenosis and lumbar disc displacement without myelopathy. There is a 1/17/14 physician office visit that states that the patient has ongoing low back and bilateral lower extremity pain. Patient reports no acute changes to his pain condition. He continues to report low back pain that radiates down into his bilateral lower extremities. He reports that the epidural injection in the past did not help with his pain. Patient at this time would like to avoid surgery if possible however; if his pain condition does continue to worsen he may consider it again. Patient reports that medications continue to help to reduce some pain and allow for better function. He is tolerating them well without side effects. On examination Patient's gait was antalgic and patient ambulated into the room with assistance of a walker. Examination a lumbar spine reveals tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was decreased by 60% with flexion. 70% with extension and 60% with rotation bilaterally. Motor strength is 5 out of 5 at the bilateral lower extremities. Deep tendon reflexes were 2+ and equal at the bilateral lower extremities. Sensations were mildly decreased in an L5-S1 dermatomal distribution on the left compared to the right Clonus was negative bilaterally. The treatment plan stated that the patient requires physical therapy in order to increase core strengthening and developed a competence of home exercise program. The provider is hopeful that he can wean off utilizing the walker.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 12 SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) - Online Version, Low Back-Physical Therapy/Gait Abnormality.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The patient has had a work injury dating back to 2009. It is unclear how much therapy he has had in the past and functional benefit from these sessions. The MTUS guidelines recommend up to 10 visits of physical therapy for the patient's condition with a transition to a home exercise program. The request for 12 sessions exceeds this recommendation. Also without evidence of how much therapy the patient has had in the past the request for physical therapy 12 sessions for the lumbar spine is not recommended as certified and is not medically necessary.